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memo

to: Dr. Robert Kaiko

from Mike Innaurato

dept Marketing

subject OxyContin Claims

date October 20, 1993

In response to your memo dated October 4, 1993 regarding OxyContin claims over oral morphine, I have the following comments:

It is my understanding that this support would only be to make claims against oral morphine. This will be important since our strategy will be to replace MS CONTIN®, which may be lost to generic competition. As I know you are well aware, it will be very important for us to expand our list of claims to compete with what will probably be the #1 competitor at the time of launch, Duragesic. I feel very strongly that further discussion should evolve regarding what types of claims could be supported by our clinical research against Duragesic. I realize that research versus Duragesic will not be completed until post launch, therefore, we will not be able to make these claims at time of launch. However, there are some claims that will come out of the other clinical trials, which although are not direct comparisons to Duragesic, may be helpful to compete against it.

- PRIMARY CLAIM: "MOST EFFICIENTLY TITRATABLE LONG-ACTING STRONG ANALGESIC"

This will be a strong point against oral morphine, or any other long-acting opioid for that matter. This will be particularly advantageous as we develop strategies to compete against Duragesic. As you know, Duragesic requires three days after the initial titration and six days for every titration thereafter. This could become a big selling point and could be the basis for our core message about OxyContin.

- SECONDARY CLAIM: "ONLY LONG-ACTING STRONG ANALGESIC IN BOTH STEPS 2 AND 3 OF THE W.H.O. ANALGESIC STEP-LADDER"

The beauty of this claim is that it could also become part of our core message about OxyContin, that being, OxyContin is the opioid of choice recommended by the World Health Organization as the drug to start with and stay with during the course of the patient's pain regimen. This is where are message about no ceiling dose compared to Percocet would become very important. We could also make claim that OxyContin allows you to tailor

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v. powerful

your oxycodone treatment regimen. We could tell physicians to use the NSAID of their choice, instead of being tied into APAP or ASA as Percocet and Percodan restricts them to do.

YES

- TERTIARY CLAIM: "FOR SPECIAL PATIENT POPULATIONS"

Agree

I see this as more than just a tertiary claim against oral morphine. This may be the hook or the reason why we would recommend a switch from oral morphine to oxycodone therapy. As you know, morphine six-glucuronide is an issue which has been receiving a higher noise level in recent months. If, as you say, oxycodone has no known active metabolites that accumulate in patients with renal impairment, this could be the claim that we use as the rationale for switching from MS CONTIN to OxyContin. We could build a whole story around the morphine six-glucuronide issue with supporting literature to facilitate reasons for switching.

Under investigation

- TERTIARY CLAIM: "PREFERRED BY MORE PATIENTS"

Based on the myths of morphine, I agree with you that oxycodone is probably a more preferred opioid by patients. They are familiar with Percocet regimens and feel more comfortable in taking this kind of opioid than they do with morphine. I do, however, feel that a questionnaire or separate survey study would be necessary in order for us to make this claim. I do not think that Legal would allow us to hang our hat on just the myths of morphine versus oxycodone.

YES

Listed below are some additional claims which I would like to make versus oral morphine:

- Patient Preference Data

It would be advantageous for us to measure and analyze patient's preference of OxyContin over previous regimens, including oral morphine. I realize that compared to long-acting oral morphine we may not have much, if any, advantage at all, but I wonder if patients would prefer OxyContin because they received the right dose and required less adjustment of their dose than they did with MS CONTIN, or any other opioid for that matter. It is also my understanding that oxycodone may cause fewer side effects in patients than will morphine. If this is true, patient preference data regarding side effects would also be highly important.

- High Oral Availability

YES

Although I know this is a supporting statement to the claim of titration, this may, in and of itself, become a primary claim versus oral morphine. As you are well aware, the first pass effect has been an issue that has hampered our efforts to make physicians use the appropriate dose of MS CONTIN. If we could make the claim that OxyContin has a higher oral availability and less of a first pass effect, therefore requiring a lower milligram dose, with less variation in that dose, this would be a selling point against oral morphine. I am not aware if this is documented in the PK/PD literature. Would you please advise.

- Easier to Convert

Because fixed combination opioids, namely, Percocet and Percodan, are the most commonly used drugs before switching to a long-acting opioid. It would be to our advantage to point out that it is easier to convert from these products to OxyContin than it is to MS CONTIN. Maybe this is a question that we could ask the investigators in the clinical trials to prove this point. This ease of conversion will simplify the dosing regimens for the physician, and the patient will also receive the appropriate dose sooner than they may with oral morphine.

Overall, our strategy for selling OxyContin must focus on the improved quality of life that it offers to patients. I know this may be difficult when compared to MS CONTIN or other long-acting opioids, but we must find the nuances in those other products which make them more difficult for the patient than does OxyContin. Most of the claims that we have set forth so far really focus on the advantages of OxyContin for the physician and/or nurse; it is very important that we are able to tell a selling story which focuses on the benefits of OxyContin over other opioids for "patients". I feel that the quality of life selling story will be vitally important to the success of OxyContin.

Attached you will find your original memo with some notes that I have jotted down. At your convenience, I would appreciate a discussion on the issues that I have outlined above.

MAI/lj

cc: Dr. P. Goldenheim
Mr. J. Lang
Dr. R. Reder